CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD



WEBSTER J. GUILLORY ORANGE COUNTY ASSESSOR

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NAME AND MAILING ADDRESS (Make necessary corrections to the pr	inted name and mailing address.,) 	ASSESOR ONLY PROP 58 / 193 ALLOWED DENIED DENIED Base Yr. SS# \$ Appr Date / / Other		
A. PROPERTY					
ASSESSOR'S PARCEL NUMBER					
PROPERTY ADDRESS			CITY		
RECORDER'S DOCUMENT NUMBER		1	DATE OF PURCHASE OR TRANSFER		
PROBATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	1	DATE OF DECREE OF DISTRIBUTION (if applicable)		
States Code, section 405(c)(2)(C)(i) which authorize national who cannot obtain a social security number by the Assessor and the state to monitor the exclusion. 1. Print full name(s) of transferor(s)	sthe use of social security number may provide a tax identification on limit. al transferors please completed in the complet	bers for identification in number issued by the number is exclusion. (This list is ransferees/buyers, is not on the number is a copy of the trust is number is a copy of the trust is number is a copy of the trust is number is numbe	ble to be granted on this property: o st should include for each property: the County, and family relationship. Transferor's principal ercentage transferred%		
	CERTIFICAT				
accompanying statements or documents, is true representative) of the transferees listed in Secti value of my principal residence under Revenue a	and correct to the best of m on C. I knowingly am grantir and Taxation Code section 69	y knowledge and thang this exclusion and 5.5.	rgoing and all information hereon, including any at I am the parent or child (or transferor's legal d will not file a claim to transfer the base year		
GIGNATURE OF TRANSFEROR OR LEGAL REPRESENTAT	IVE	DATE			
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE		DATE			
MAILING ADDRESS		DAYTIME PHONE NUMBER			
CITY, STATE, ZIP		E-MAIL ADDRESS			

(Please complete applicable information on reverse side.)

C. TRANSFEREE(S)/BUYE	R(S) (additional transferees please com	nplete "C" below)		
1. Print full names(s) of tr	ansferee(s)			
2. Family relationship(s) t	o transferor(s)			
If adopted, age at time	of adoption			
	elationship is involved, was parent still m fornia Secretary of State) with steppare	_		
If no , was the marriage	or registered domestic partnership ter	minated by: \Box De	ath 🗌 Divoi	rce/Termination of partnership
If terminated by death, of purchase or transfer	had the surviving stepparent remarried? $\ \square$ Yes $\ \square$ No	d or entered into a re	gistered domes	stic partnership as of the date
	involved, was the son-in-law or daughten on the date of purchase or transfer?		I to or in a regi	stered domestic partnership
If no , was the marriage	ce/Termination of partnership			
_	had the surviving son-in-law or daughten ase or transfer? $\ \square$ Yes $\ \square$ No	r-in-law remarried or	entered into a	registered domestic partnership
	LUSION (If the full cash value of the real ecify on an attachment to this claim the			
	CERTIFIC	CATION		
including any accompanying s child (or transferee's legal rep	nalty of perjury under the laws of the statements or documents, is true and resentative) of the transferors listed in 63.1 of the Revenue and Taxation Cod	correct to the best of Section B; and that	of my knowled	dge and that I am the parent of
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE			DATE	
SIGNATURE OF TRANSFEREE OR LEGAL REPRESENTATIVE			DATE	
MAILING ADDRESS			DAY TIME PHONE NUMBER	
CITY, STATE, ZIP			E-MAIL ADDRESS	
NOTE: The Assessor may cor	ntact you for additional information.			
	B. ADDITIONAL TRANSFER	ROR(S)/SELLER(S)	(continued)	
NAME	SOCIAL SECURITY NUMBER	SIGNATURE		RELATIONSHIP
	C. ADDITIONAL TRANSFERE	EE(S)/BUYER(S) (C	ontinued)	
	RELATIONSHIP			

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Revenue and Taxation Code, Section 631

IMPORTANT: In order to qualify for this exclusion, a claim form must be completed and signed by the transferors and a transferee and filed with the Assessor. A claim form is timely filed if it is filed within three year after the date of purchase or transfer, or prior to the transfer of the real property to a third party, whichever is earlier. If a claim form has not been filed by the date specified in the preceding sentence, it will be timely if filed within six months after the date of mailing of a notice of supplemental or escape assessment for this property. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which you file your claim. Complete all of Sections A, B, and C and answer each question or your claim may be denied. Proof of eligibility, including a copy of the transfer document, trust, or will, may be required. **Please note:**

- 1. This exclusion only applies to transfers that occur on or after November 6, 1986;
- 2. In order to qualify, the real property must be transferred from parents to their children or children to their parents;
- 3. If you do not complete and return this form, it may result in this property being reassessed.
- 4. California law provides, with certain limitations, that a "change in ownership" does not include the purchase or transfer of:
 - The principal residence between parents and children, and/or
 - The first \$1,000,000 of other real property between parents and children.